



# New England High Intensity Drug Trafficking Area

## Course Enrollment Registration Form

(Please fill out completely!)

|              |                                    |         |               |
|--------------|------------------------------------|---------|---------------|
| Course Name: | <b>Courtroom Testimony</b>         | Date(s) | May 6-7, 2009 |
| Location:    | NEHIDTA Training Room, Methuen, MA |         |               |

|            |                                     |                                       |  |
|------------|-------------------------------------|---------------------------------------|--|
| First Name | Arrest Authority:                   | Social Security #- last 4 digits only |  |
| Last Name  | <input type="radio"/> YES           |                                       |  |
| M.I.       | <input checked="" type="radio"/> NO |                                       |  |
|            | email                               |                                       |  |

|   |   |
|---|---|
| Parent Agency (What agency signs your check? Spell Out) | Your Rank/Title-Spell Out. ( If none , type none) |
|   |   |

|                                 |       |              |              |
|---------------------------------|-------|--------------|--------------|
| Job Mailing Address-(Spell out) |       | Phone Number |              |
| Agency                          |       |              |              |
| Address                         |       |              |              |
| City                            | State | Zip Code     | Other Number |

|   |                 |                   |
|---|-----------------|-------------------|
| Does your Agency participate in a HIDTA Initiative? |                 | Parent Agency is: |
| <input checked="" type="radio"/> Yes                | Initiative Name |                   |
| <input type="radio"/> No                            |                 |                   |

### Section below must be completed by Supervisor

|   |                         |
|---|-------------------------|
| Approved by: (Supervisor's First name, MI, Last name) | Supervisor's Signature: |
|   |                         |
| Rank/Title:   | Title:                  |
|   |                         |
| Agency and Address:                                   | Telephone:              |
|   |                         |

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.  
 A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**  
**A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.**